

WEST VIRGINIA WIC PROGRAM EXEMPT FORMULA AND WIC ELIGIBLE NUTRITIONALS AUTHORIZATION FORM



See back for instructions. Please email or fax completed form to WIC Clinic or have Parent/Guardian return to WIC Clinic.

Participant's First and Last Name: Jana Doe Birth Date: 7 / 17 / 2025

Parent/Guardian First and Last Name: Martha Doe

EXEMPT FORMULA OR WIC-ELIGIBLE NUTRITIONAL

Medical Reason/Diagnosis/ICD-10 Code (WIC will not provide formula to enhance nutrient intake or manage body weight without underlying medical condition):

Sensitive to Intact Protein K90.4

Time Needed: 1 Month 2 Month 3 Month 4 Month 5 Month 6 Month

Formula Requested: Similac Alimentum Prescribed Amount: 30 oz./day

Prescribed Form: Powder Concentrate Ready to Feed

For hypoallergenic and amino-acid based formulas **ONLY**: WIC offers a wide variety of these formulas. Please check **all** products that are appropriate for this participant.

Hypoallergenic Infant: Alimentum Gerber Extensive HA (powder only) Nutramigen (or LGG) Pregestimil Perrigo Hypoallergenic (store-brand, powder only)

Hypoallergenic Toddler: Nutramigen Toddler

Amino-Acid Based Infant: EleCare Infant Alfamino Infant Neocate Infant Puramino Infant Neocate Syneo Infant

Amino-Acid Toddler: EleCare Jr. Alfamino Jr. Neocate Jr. Puramino Jr.

SUPPLEMENTAL FOODS

In addition to the infant formula/nutritionals, supplemental foods appropriate to the WIC participant category will be provided. Please mark the appropriate boxes below to indicate any foods that would be **contraindicated** with the patient's diagnosis.

Time Needed: 1 Month 2 Month 3 Month 4 Month 5 Month 6 Month

<input checked="" type="checkbox"/> No supplemental foods at this time: Omit all supplemental foods and provide formula or nutritionals ONLY .			
WIC Category	WIC Supplemental Foods Available	Do Not Give	Restrictions/Special Instructions
Infants 6-11 months	Infant Cereal	<input type="checkbox"/>	
	Infant Fruits/Vegetables	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Cash Value Benefits
Children and Women	Milk	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Plant-Based Milk
	Yogurt	<input type="checkbox"/>	
	Cheese	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Plant-Based Cheese
	Fruits and Vegetables (Fresh, Canned or Frozen)	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Pureed Infant Fruits and Vegetables
	Juice	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with \$3 Cash Value Benefits
	Breakfast Cereals	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Infant Cereal
	Legumes and/or Peanut Butter	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Nut/Seed Butter
	Eggs	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Legumes <input type="checkbox"/> Substitute with Tofu <input type="checkbox"/> Substitute with Peanut Butter
	Whole Grains	<input type="checkbox"/>	
	Fish	<input type="checkbox"/>	

C. HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name: Robert K. Spock, MD MD DO NP PA

Medical Office/Clinic: Mountain State Medical Clinic

Phone Number: 304-555-5555 Fax Number: 304-555-5556

Signature of Health Care Provider: Robert K. Spock, MD Date: 10/15/2025

WIC USE ONLY Approved by: Susan Summers, RDN Date: 10/17/2025

WEST VIRGINIA WIC PROGRAM EXEMPT FORMULA AND WIC ELIGIBLE NUTRITIONALS AUTHORIZATION FORM



See back for instructions. Please email or fax completed form to WIC Clinic or have Parent/Guardian return to WIC Clinic.

Participant's First and Last Name: Emma Walters Birth Date: 12 / 4 / 2023

Parent/Guardian First and Last Name: Jessica Walters

EXEMPT FORMULA OR WIC-ELIGIBLE NUTRITIONAL

Medical Reason/Diagnosis/ICD-10 Code (WIC will not provide formula to enhance nutrient intake or manage body weight without underlying medical condition):
Failure to Thrive, R62.51

Time Needed: 1 Month 2 Month 3 Month 4 Month 5 Month 6 Month

Formula Requested: Pediasure + Duocal (1 can/ month) Prescribed Amount: 16 oz./day

Prescribed Form: Powder Concentrate Ready to Feed

For hypoallergenic and amino-acid based formulas **ONLY**: WIC offers a wide variety of these formulas. Please check **all** products that are appropriate for this participant.

Hypoallergenic Infant: Alimentum Gerber Extensive HA (powder only) Nutramigen (or LGG) Pregestimil Perrigo Hypoallergenic (store-brand, powder only)

Hypoallergenic Toddler: Nutramigen Toddler

Amino-Acid Based Infant: EleCare Infant Alfamino Infant Neocate Infant Puramino Infant Neocate Syneo Infant

Amino-Acid Toddler: EleCare Jr. Alfamino Jr. Neocate Jr. Puramino Jr.

SUPPLEMENTAL FOODS

In addition to the infant formula/nutritionals, supplemental foods appropriate to the WIC participant category will be provided. Please mark the appropriate boxes below to indicate any foods that would be **contraindicated** with the patient's diagnosis.

Time Needed: 1 Month 2 Month 3 Month 4 Month 5 Month 6 Month

No supplemental foods at this time: Omit all supplemental foods and provide formula or nutritionals **ONLY**.

WIC Category	WIC Supplemental Foods Available	Do Not Give	Restrictions/Special Instructions
Infants 6-11 months	Infant Cereal	<input type="checkbox"/>	
	Infant Fruits/Vegetables	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Cash Value Benefits
Children and Women	Milk	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Plant-Based Milk
	Yogurt	<input type="checkbox"/>	
	Cheese	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Plant-Based Cheese
	Fruits and Vegetables (Fresh, Canned or Frozen)	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Pureed Infant Fruits and Vegetables
	Juice	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with \$3 Cash Value Benefits
	Breakfast Cereals	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Infant Cereal
	Legumes and/or Peanut Butter	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Nut/Seed Butter
	Eggs	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Legumes <input type="checkbox"/> Substitute with Tofu <input type="checkbox"/> Substitute with Peanut Butter
	Whole Grains	<input type="checkbox"/>	
	Fish	<input type="checkbox"/>	

C. HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name: Robert K. Spock, MD MD DO NP PA

Medical Office/Clinic: Mountain State Medical Clinic

Phone Number: 304-555-5555 Fax Number: 304-555-5556

Signature of Health Care Provider: Robert K. Spock, MD Date: 10/15/2025

WIC USE ONLY Approved by: Susan Summers, RDN Date: 10/17/2025

WEST VIRGINIA WIC PROGRAM EXEMPT FORMULA AND WIC ELIGIBLE NUTRITIONALS AUTHORIZATION FORM



See back for instructions. Please email or fax completed form to WIC Clinic or have Parent/Guardian return to WIC Clinic.

Participant's First and Last Name: Matthew Anderson Birth Date: 8 / 10 / 2024

Parent/Guardian First and Last Name: Sarah Anderson

EXEMPT FORMULA OR WIC-ELIGIBLE NUTRITIONAL

Medical Reason/Diagnosis/ICD-10 Code (WIC will not provide formula to enhance nutrient intake or manage body weight without underlying medical condition):
Milk Protein Allergy Z91.0110, Allergic to Eggs Z91.012

Time Needed: 1 Month 2 Month 3 Month 4 Month 5 Month 6 Month

Formula Requested: Elecare Jr. Vanilla Prescribed Amount: 24 oz./day

Prescribed Form: Powder Concentrate Ready to Feed

For hypoallergenic and amino-acid based formulas **ONLY**: WIC offers a wide variety of these formulas. Please check **all** products that are appropriate for this participant.

Hypoallergenic Infant: Alimentum Gerber Extensive HA (powder only) Nutramigen (or LGG) Pregestimil Perrigo Hypoallergenic (store-brand, powder only)

Hypoallergenic Toddler: Nutramigen Toddler

Amino-Acid Based Infant: EleCare Infant Alfamino Infant Neocate Infant Puramino Infant Neocate Syneo Infant

Amino-Acid Toddler: EleCare Jr. Alfamino Jr. Neocate Jr. Puramino Jr.

SUPPLEMENTAL FOODS

In addition to the infant formula/nutritionals, supplemental foods appropriate to the WIC participant category will be provided. Please mark the appropriate boxes below to indicate any foods that would be **contraindicated** with the patient's diagnosis.

Time Needed: 1 Month 2 Month 3 Month 4 Month 5 Month 6 Month

No supplemental foods at this time: Omit all supplemental foods and provide formula or nutritionals **ONLY**.

WIC Category	WIC Supplemental Foods Available	Do Not Give	Restrictions/Special Instructions
Infants 6-11 months	Infant Cereal	<input type="checkbox"/>	
	Infant Fruits/Vegetables	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Cash Value Benefits
Children and Women	Milk	<input checked="" type="checkbox"/>	OR <input checked="" type="checkbox"/> Substitute with Plant-Based Milk
	Yogurt	<input checked="" type="checkbox"/>	
	Cheese	<input checked="" type="checkbox"/>	OR <input checked="" type="checkbox"/> Substitute with Plant-Based Cheese
	Fruits and Vegetables (Fresh, Canned or Frozen)	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Pureed Infant Fruits and Vegetables
	Juice	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with \$3 Cash Value Benefits
	Breakfast Cereals	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Infant Cereal
	Legumes and/or Peanut Butter	<input type="checkbox"/>	OR <input type="checkbox"/> Substitute with Nut/Seed Butter
	Eggs	<input checked="" type="checkbox"/>	OR <input type="checkbox"/> Substitute with Legumes <input type="checkbox"/> Substitute with Tofu <input checked="" type="checkbox"/> Substitute with Peanut Butter
	Whole Grains	<input type="checkbox"/>	
Fish	<input type="checkbox"/>		

C. HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name: Robert K. Spock, MD MD DO NP PA

Medical Office/Clinic: Mountain State Medical Clinic

Phone Number: 304-555-5555 Fax Number: 304-555-5556

Signature of Health Care Provider: Robert K. Spock, MD Date: 10/15/2025

WIC USE ONLY Approved by: Susan Summers, RDN Date: 10/17/2025